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ABSTRACT

To assist school administrators in meeting state and federal requirements for safety and health programs and procedures related to school district personnel (particularly those requirements resulting from the enactment by the 1973 Oregon Legislative Assembly of laws found in the ORS 654.000 to 654.295, and 654.991), these guidelines were drawn from a variety of Oregon documents and federal sources dealing with health and safety programs. Contents include definitions, sources of help (government departments, officials, and documents), employee and administrator responsibilities, safety rules, inspection procedures, accident and injury assistance and reporting procedures, investigation procedures, emergency procedures, and vehicle safety. The appendix contains several safety inspection and injury report forms, which may be duplicated; others must be ordered directly from the agency. (HD)

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SUGGESTED PERSONNEL

POLICY GUIDELINES

FOR SCHOOL DISTRICTS

HEALTH AND SAFETY

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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FOREWORD

This document was developed at the request of school administrators to help them meet current state and federal requirements for safety and health programs and procedures related to school district personnel.

The need for assistance resulted from the enactment by the 1973 Oregon Legislative Assembly of laws found in ORS 654.001 to 654.295 and 654.991. The laws, and the regulations developed to carry out the intent of the legislation, are extensive.

The State Board of Education's Personnel Management Advisory Committee has received valuable assistance in the development of this document from George Wolnez, State Safety Director, and Larry Mylnechuk of Clackamas Intermediate Education District. It was prepared by a subcommittee of the Advisory Committee which included Marshall Watkins, Clackamas IED, Chairman; Al Bigler; George Martin; and Lucille Dickey.

Please contact us if we can be of further assistance on these or other personnel matters.

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Associate Superintendent
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May 1976

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INTRODUCTION

The contents of this publication have been drawn from a variety of Oregon documents and federal sources dealing with health and safety programs. The substance of these sources has been considerably reduced for purposes of this publication. Most school districts have the original documents and they may be obtained from the sources cited on page 4. Agency staff members will prove helpful, particularly those mentioned in this document.

It is important that district administrators be familiar with and carefully follow state and federal regulations and procedures. It is the purpose of this publication to assist local personnel in meeting these requirements in a useful and direct fashion. Several forms are provided in the Appendix, pages 17-44, and may be duplicated locally if desired. The other forms must be ordered directly from the agency.

OCCUPATIONAL SAFETY AND HEALTH PROGRAM

I. Authority

ORS 654.001 to 654.295 and 654.991 establish authority for the Oregon Safe Employment Act, to provide as far as possible safe and healthful working conditions for every working man and woman in Oregon. ORS 656.262 now requires all carrier-insured employees and those contributing to SAIF to report all accidents which may result in a compensable injury claim within five days after the employer has notice of the accident. The report is to be made to the carrier or SAIF.

II. Goal

It will be the goal of every school district in Oregon to create and maintain a more safe and healthful working environment for all school employees within its boundaries. This will be accomplished by (1) promoting and improving safety oriented behavior; (2) providing for preventive and emergency procedures in handling safety and health problems and reducing occupational hazards and accidents; (3) encouraging employers and employees to reduce the number of occupational safety and health hazards.

III. Definitions

District Safety Officer - A staff member recommended by the district administrator and authorized by the school board to administer and monitor all phases of the school district's Occupational Safety and Health Program.

Building Monitor - An employee selected by a district administrator or safety officer to assist the District Safety Officer with safety inspections, safety orientation of new employees and in general acts as a representative of the work unit regarding safety matters.

Building Safety Officer - An employee designated by the district administrator or school principal who assists the District Safety Officer with safety inspections and safety orientation of new employees, and acts as a representative of the building or work unit regarding safety matters.

Work Unit - A group of employees which works as a unit such as: building staff, kitchen crew, bus drivers, etc.

Accident Control Groups - Accident Control Groups should be established at various management levels within the school district. As an example:

A. Accident Control Group I - A group composed of employees, the District Safety Officer and Building Safety Officer(s), if any. Purpose: To supervise and monitor implementation of the Occupational Safety and Health Program at the work unit level.

B. Accident Control Group II - A group composed of an assistant administrator, department director, building monitor and the District Safety Officer. Purpose: To supervise and evaluate implementation of the Occupational Safety and Health Program at the divisional level.

C. Accident Control Group III - A group composed of the district administrator, the District Safety Officer and the Deputy, Assistant or Associate Administrator. Purpose: To facilitate implementation and improvement of the district Occupational Safety and Health Program at all levels of the organization.

Accident - An unexpected, unplanned and unscheduled event which may result in personal injury and/or property damage.

Occupational injury - An injury sustained by an employee while on the job. An injury may vary from minor cuts and scratches to the serious disabling type such as broken bones involving loss of time from work.

Occupational illness - A job related illness sustained by an employee while on the job. These illnesses may be caused by such things as accidental inhalation or ingestion of toxic substances.

Hazard classification - A method of categorizing the hazard potential of various types of buildings and facilities according to activities and occupancy level.

Unsafe condition - An unsafe condition is one that, if left uncorrected, could cause an accident or injury to an employee.

Accident investigation - An investigation of an accident aimed at analyzing the causes and effects in terms of unsafe conditions, unsafe work practices, the types of injury and the type and cost of corrective action required.

Job hazard - Any condition or work process that could result in an occupational injury affecting the health and safety program.

Safety inspection - A careful examination of all machinery, equipment, storage methods and general operation procedures. Such inspections are conducted to detect unsafe working conditions or practices, and to assure that necessary corrective action is taken to develop a safer working environment.

IV. Sources of Help

A. State of Oregon: Zip Code 97310

1. Department of Commerce, Building Codes Division, Labor and Industries Building, telephone 378-4133

2. Office of the State Fire Marshall, Labor and Industries Building, telepone 378-4917

3. Accident Prevention Division, Workmen's Compensation Board, Labor and Industries Building, telephone 378-3272

4. State Accident and Insurance Fund, SAIF Building, telephone 378-3400

5. George Wolnez, State Safety Director, Executive Department, Public Service Building, telephone 378-3677

B. National Safety Council, Chicago, Illinois

C. Local Fire Marshall, Fire Department, Local Building Codes Division

D. Your Workmen's Compensation insurer (required by Oregon law to assist you, Chapter 585, Oregon Legislature 1975)

E. Department of Education Pupil Transportation Services, 942 Lancaster Drive NE, Salem, telephone 378-3578 (will assist with bus safety programs)

F. Department of Education Emergency Services and Civil Defense Education Section, has recently prepared a document, "School District Emergency Care." District administrators will find this a useful supplement to this publication on health and safety. (Contact Wendell Curry, Coordinator)

V. Responsibilities

A. Employee

1. Becomes familiar with all equipment and vehicles and observes all safety regulations for each work area.

2. Knows the location of fire extinguishers, fire alarm signalling devices, first aid kits or supplies, telephones and telephone numbers for securing assistance.

3. Is cognizant of unsafe working conditions and cautions fellow employees when unsafe practices are observed.

4. Reports unsafe conditions to supervisor. Takes immediate corrective action when situation requires.

5. Makes full use of safeguards provided for his protection. Refrains from operating equipment when safeguards are not in good working condition.

6. Makes full use of personnel protective equipment (headgear, eyewear, cloghing, etc.) when required by the school district or appropriate State of Oregon safety codes.

7. Does not remove, deface or destroy any warning or danger sign or interfere with any form of accident prevention device or practice.

8. Warns employees observed working in a manner which might cause immediate injury to themselves or others.

9. Observes, at all times, good housekeeping methods in all operations. (Materials shall be stored and handled so as to minimize falling, tripping or collision hazards.)

10. Keeps work areas free of scrap, waste material and debris.

11. Refrains from horseplay, scuffling, practical jokes or any other activity which has the possibility of causing injury.

12. Assists students and others to implement safety objectives as outlined in this program.

13. Acquires and maintains the proper license or certificate for operation of equipment (contact the Pupil Trasportation Services Section, Department of Education, for school bus driver license requirements).

B District Administrator - Shall be responsible for the duties listed below. (In many districts these responsibilities shall be delegated to other appropriate staff members.)

1. Monitors all aspects of Safety and Health Program within the district. Establishes policies and objectives, interprets regulations, provides leadership and counseling.

2. Prepares and oversees the maintenance of accurate records of accidents, injuries, fires, cost of repairs, corrective action taken, etc.

3. Establishes and implements an appropriate district discipline procedure to be used whenever an employee violates established safety rules and regulations, making this procedure known to all employees.

4. Organizes and promotes fire safety. Schedules periodic fire drills, inspections of fire equipment and prepares status reports.

5. Attends local and regional safety meetings.

6. Conducts periodic safety inspections of all buildings and facilities under the control of the district.

VI. Safety Rules

The district shall develop appropriate safety rules in keeping with individual duties and inspection procedures. These rules may vary to meet local conditions, but shall meet the requirements of law. The Accident Prevention Division of the Workmen's Compensation Board will assist in providing suggested safety codes for various jobs and facilities.

The Workmen's Compensation Board, Accident Prevention Division Poster, Form APd 727, should be posted in each building where employees work. This form can be obtained from the nearest Workmen's Compensation Board, Accident and Prevention Division Office. Offices are in Portland, Hillsboro, Salem, Eugene, Medford, Coos Bay, Bend and Pendleton.

VII. Inspection Procedures

A. All facilities in all buildings under the control of the school district shall be subjected to periodic safety inspections using state forms 8-9 Revised "Safety Inspection and Accident Prevention Reminder List" and Form IPA 102, "Office Safety Inspection List" (See pages 17 and 19). These inspections will be conducted by the District Safety Officer with the assistance of the Building Safety Officer. In the event the District Safety Officer cannot be present to conduct the inspection, the Building Safety Officer or representative will be responsible for performing the inspection and forwarding reports to the District Safety Officer.

B. The following items must be inspected as needed. Other items may be added to meet individual district needs.

1. Fire prevention - Extinguishing equipment available, exists marked and clear, panic hardware conditions, alarms tested and functioning, stairways clear and properly lighted, fire drills conducted as required, electrical wiring in good condition, emergency lighting functioning, flammable liquids properly stored, new employees properly oriented, fire notification system functioning properly.

2. Chemicals - Properly stored, identified, safe handling procedures reviewed with employees, appropriate protective equipment available.

3. Atmospheric conditions - Check for potential hazards involving fumes, toxic dust or other dangerous atmospheres.

4. Containers - Safe storage of material, storage racks, shelving, file cabinets, tool racks.

5. Electrical conductors and apparatus - Switches, wires, cables, controls, plugs, connectors and electrical grounding are in good condition.

6. All man-lifting devices - Elevators, scaffolds, etc., are in safe operating condition.

7. Machine guards and safety devices - All removable and fixed guards and safety devices or attachments must be functioning properly.

8. Handtools - Each tool must be in safe operating condition.

9. Hoisting equipment - Check condition of all electric, hydraulic or mechanical equipment including jacks, cables, safety hooks and support devices.

10. Machinery and parts thereof - The point of operation, guards for shafts, couplings, gears, pulleys, drams, cables, belts, sprockets, ropes and chains when used to transmit power, etc., are operating properly.

11. Overhead structures and equipment - Objects that may fall from above are secured firmly.

12. Personnel protective clothing and equipment - Eye protection, head protection, respirators, gloves, hoods, aprons, chemical suits, foot guards, leggings, safety belts, lifelines, life nets, etc., are in good condition and used when appropriate.

13. Flammable liquids, gases, sprays - Check for proper storage according to fire codes, proper grounding, cylinder tie down, handling devices, fire protection, including fire suppression blankets.

14. Pressure vessels, boilers and pipes - All equipment containing gas or liquids under pressure are operating properly and have pressure relief devices.

15. Pumps, compressors, blowers and fans - Check moving parts for appropriate guarding and condition of wires and connectors.

16. Shaftways, pits and floor openings - Check for safe marking of all types of openings into which persons may fall or trip; check for use of guardrails, etc.

17. Walking and standing surfaces - Floors, aisles, stairs, platforms, ramps, roads, scaffolds, ladders are clear and in good condition.

18. Warning devices - Alarms, vapor detectors, smoke detectors, emergency radio systems, emergency telephones, safety limit switches are operating properly.

19. Vehicles - All trucks, cars, motorized carts, lift trucks, buses, vans, boats, etc., are in good operating condition. (Check with the Department of Education regarding school bus inspections.)

20. First aid equipment and supplies - Check to be sure these are readily available.

21. Office area inspection - Floors, desks, power cords, file and storage areas, etc., are in safe condition.

22. Miscellaneous - Be alert to other potentially hazardous objects or conditions that do not fall into above categories.

C. The district may wish to consider requiring regular physical examinations for certain positions. Examples of state approved forms are available.

D. Unsafe conditions should be regularly reported as follows:

1. Unsafe conditions, detected as a result of periodic inspection, which cannot be corrected at time of detection shall be documented on an Unsafe Condition Report complete with budget estimate of correction costs. These reports will be prepared by the District Safety Officer or representative, with copies furnished to the Building Monitor concerned and the district administrator's office.

2. The Unsafe Condition Report will be furnished to the district superintendent for review and corrective action.

VIII. Accident - Injury Assistance and Reporting Procedures

A. In the event of an accident or injury, the District Safety Officer and Building Monitor will be notified as soon as possible by the injured employee or the employee who observed or discovered the accident. If the Building Monitor and Safety Officer are not available, the building principal will be notified of the accident.

B. If first aid is required for injured employee, it may be applied by any employee who is qualified and possesses a valid first aid certificate. The superintendent or representative shall maintain an up-to-date list of employees qualified in first aid and shall institute first aid training as needed.

C. If medical treatment beyond first aid is required by the injured employee, the District Safety Officer or Building Monitor shall contact the appropriate emergency treatment agency of the school district. If neither is present, the district administrator will be notified so that appropriate action may be taken. A list of emergency phone numbers shall be maintained next to every telephone.

D. All accidents, not merely those requiring medical attention beyond first aid, shall be reported by affected employees within 24 hours of occurrence to the Building Monitor and/or District Safety Officer. Form 8149-105, "Occupational Injury Report," will be used for this purpose, page

E. A State Accident Insurance (SAIF) Form 801 Revised "Worker's and Employer's Report of Occupational Injury or Disease," page 27, shall be completed by the affected employee for all cases of occupational injury or illness involving loss of time and/or medical care beyond that of first aid. In cases of serious injuries that may incapacitate the affected employee, this report shall be completed by the District Safety Officer, Building Monitor or district administrator. These forms will be available in each Building Monitor's office or district

administration office and returned by the affected employee within three days after injury or illness is discovered or reported. In addition, the District Safety Officer must notify the Workmen's Compensation Board by telephone within 48 hours of any fatality, or of any accident causing hospitalization of five or more workers. (Telephone number of WCB is 229-5944.)

F. The District Safety Officer shall maintain an accident report log, using OSHA Form 100, "Recordkeeping Requirements Under the Occupational Safety and Health Act of 1970," page 29. A monthly summary shall be prepared of all reported accidents, using State of Oregon Form 101, "Accident Trend Control and Statistical Report." These reports should be distributed to Building Monitors, principals and district administrators as a means of identifying the departments and buildings or specific areas with a high accident frequency rate and to initiate corrective action.

IX. Accident Investigation Procedures

A. All accidents shall be investigated by the District Safety Officer, using State of Oregon Form 81489-105 SAIF SS12C, "Occupational Injury Report," page 21. If the District Safety Officer is absent at the time the accident investigation is required, the Building Monitor, or designated person where the accident occurred, will be responsible for conducting the investigation.

B. All accident investigation reports should be completed by the person conducting the investigation within 24 hours of the time the accident, injury or illness was discovered or reported.

C. The District Safety Officer shall review all investigation reports (if investigated by someone else) and verify that required investigative procedures have been followed and that all facts have been accurately reported. The original copy will be retained for the files and copies distributed to Building Safety Officer and district administrator's office.

D. The following investigation procedures shall be utilized by the District Safety Officer for all accidents except those of very minor nature:

1. Go to accident scene as soon as possible.

2. See that injured employee receives required first aid or emergency medical treatment as soon as possible.

3. Talk with injured employee if feasible, or talk with nearby employees. Get the facts.

4. Write reports using Form 81489-105, page 21, or write narrative describing entire accident sequence. In filling out such reports, it is of critical importance that all details of the accident are fully described and explained. This can affect the district's liability and the employee's chances for recovery.

5. Study possible causes, unsafe conditions or practices.

X. Fire Drills and Emergency Procedures

A. Building Safety Officers, as appointed by the district administrator, will assist the District Safety Officer in all fire drills by verify- that all students, employees and others have been cleared from their building or work site.

B. The district administrator, in accordance with the applicable ordinances of local fire departments, shall be responsible for scheduling, conducting and recording periodic fire drills in all buildings and facilities under control of the local school district, as required by state law.

C. The District Safety Officer shall determine fire emergency information, shall cause it to be published in prominent locations and shall familiarize all staff with the following:

1. Location and operation of nearest alarm stations.

2. Proper procedures for summoning fire assistance.

3. Location and operation of nearest fire extinguishers or other fire-fighting equipment.

4. Proper emergency exit routes.

5. Procedure for summoning emergency medical aid.

D. The District Safety Officer shall verify that Building Safety Officers are familiar with the fire emergency procedures.

E. Whenever the District Safety Officer cannot be present to supervise a fire drill, a Building Safety Officer will act in his place and be responsible for conducting and recording the fire drill.

F. In the event of an on-site inspection of any district buildings or facilities by personnel of any fire department, the District Safety Officer or Building Monitor or designee will accompany the fire inspector on the tour.

XI. Vehicle Safety

A. The district administrator shall require regular safety inspections to be made of all district vehicles. These inspections shall be made and reports completed not less than annually, as provided in district rules, by those personnel responsible for all district vehicles.

B. Any employee using a district vehicle shall be responsible for reporting all operating irregularities to the person responsible for vehicle maintenance and/or to the District Safety Officer. All vehicle safety deficiencies are to be corrected immediately.

C. Personnel responsible for district vehicles will verify by personal observation that any employee using a district vehicle is properly licensed and possesses the necessary skills for operating the type of vehicle used. Certain positions may require a chauffer's or school bus driver's license. The district should provide in-service instruction to all operators of district vehicles.

D. Any employee involved in an accident while using private or district-owned vehicles on district business shall comply with the following procedure:

1. Complete the on-the-spot accident report form, which will be supplied to each employee using their own or a district vehicle and forwarded to the District Safety Officer within 48 hours following the accident.

2. Notify the District Safety Officer as soon as possible after the accident.

3. Complete a Department of Motor Vehicles report, Form OD 32, "Oregon's Traffic Accident and Financial Responsibility Report," for any accident involving $200 (or more) damage to any vehicle; or personal injury; or property damage. These forms may be obtained from any police department or Department of Motor Vehicles office, and must be completed and returned within 72 hours to either police department or Department of Motor Vehicles office. A copy of this State Accident Form shall be forwarded to the District Safety Officer.

4. The District Safety Officer shall maintain files on all State Accident Forms and on-the-spot accident forms involving district vehicles and district employees using their own vehicles on district business.

5. The District Safety Officer shall be sure that a "School Bus Accident Report," Form 2250, is completed within 72 hours of a school bus accident and forwarded at once to the Department of Education, Pupil Transportation Services, 942 Lancaster Drive NE, Salem, 97310.

XII. Forms

A. The following state-adopted forms shall be utilized by school districts in implementing their health and safety programs. These forms are included in the Appendix and may be reproduced locally:

1. Form 81489-105 - "Occupational Injury Report," page 21.

2. Form 8-9 (Rev.) - "Safety Inspection and Accident Prevention Reminder List," page 17.

3. Form IPA 102 - "Office Safety Inspection List," page 19.

4. Form IPA 101 - "Accident Trend Control and Statistical Report," page 23.

5. "Unsafe Condition Report," page 25.

B. The following state-adopted forms shall be utilized, are included in the Appendix and must be ordered as indicated:

1. Form 801 - "Worker's and Employer's Report of Occupational Injury or Disease," page 27, may be ordered from the State Accident Insurance Fund, SAIF Building, Salem, 97310.

2. OSHA Form 100 - "Record Keeping Requirements Under the Occupational Safety and Health Act of 1970," page 29, may be ordered from the Workmen's Compensation Board, Accident Prefention Division, Labor and Industries Building, Salem, 97310, or from the office nearest your school district.

C. Form APd-7274 - Occupational Safety and Health Poster may be ordered from the Workmen's Compensation Board, Accident Prevention Division, Labor and Industries Building, Salem, 97310.

APPENDIX - FORMS

STATE OF OREGON

SAFETY INSPECTION & ACCIDENT PREVENTION REMINDER LIST

Agency	Location	Bldg.
Name of Inspecting Supervisor		Date

INSTRUCTIONS

- ★ CHECK ITEMS TO BE INSPECTED IN YOUR AREA – DISREGARD OTHERS.
- ● TAKE ACTION TO CORRECT OR WARN EMPLOYEES OF HAZARDS.
- ● CONTACT SAFETY CONSULTANTS TO DETERMINE ITEMS TO BE INSPECTED.
- ● SAFETY INSPECTION IS A MANAGEMENT RESPONSIBILITY.

FIRE PREVENTION AND LIFE SAFETY

No	★	OK	Item	Not OK	Notes
1			Exits Clear-Fire Escapes Clear		
2			Door Escape Hardware Functioning		
3			Fire Extinguishers-Ready for Use		
4			Proper Extinguisher for Area		
5			Fire Doors-Not Blocked Open		
6			Flammable Liquids in Safety Cans		
7			Approved Flammable Liquid Transfers		
8			Flammable Liquids Storage Area Approved		
9			Approved Paint Storage		
10			Sprinkler Head Clearance		
11			Approved Flammable Liquid Faucets		
12			Solvent Tank Safety Devices		
13			Paint Spraying Ventilation-Approved		
14			Gasoline Storage & Use		
15			Sprinkler System Controls		
16			Alarm Systems Tested		
17			Steam-Air-Safety Valves Tested		
18			Steam Boiler-Flame Out Controls		
19			Steam Boiler Low Water Alarms		
20			Smoke & Heat Detectors Tested		
21			Emergency-Generators-Lights		
22			Emergency-Pump Systems		
23			Fire Fighting Trucks		
24			Flammable Gas Storage		
25			Propane Tank Safety Controls		
26			Explosives-Storage		
27			Emergency Shut Down Procedures		
28			Oily Rag Storage		
29			Electric Heaters Grounded-Inspected		
30			Smoke Operated Door Closers		
31			Gas Cylinders Secure-Capped		
32			Fire Blankets as Needed		
33			Stairway & Landings-Clear		
34			Fire Drills Conducted as Required		
35			No Flammables in Refrigerators		
36			Fire Hoses-Condition		

ELECTRICAL SAFETY

No	★	OK	Item	Not OK	Notes
37			All Electric Tools Grounded		
38			All Machines Grounded		
39			Lock Out Devices in Use		
40			Electrical Controls Not Blocked		
41			Circuit Overloading		
42			High Voltage Warning Signs		
43			Explosion Proof Motors & Equipment		
44			All Electrical Equipment-U.L. Listed		
45			Wall Outlets Tested for Ground		
46			Condition of Power Cords		
47			Condition of Switches		
48			Condition of Plugs		
49			2 Men Assigned to High Voltage Work		
50			Confined Space Safety Procedures		

Form 8-9 Rev.

From the Office of G. J. Wolfer, State Safety & Fire Prevention Coordinator - Salem, Oregon

Page 17
FORM 8 - 9 (Rev)

CONSTRUCTION SAFETY

No	★	OK	Item	Not OK	Notes
171			Adequate Shoring & Bracing		
172			Traffic Control Signs		
173			Flagman Instructed		
174			Adequate Oxygen in Confined Spaces		
175			Back Up Alarms in Use		
176			Lifting Devices Tested		
177			Gas Bottles Secured		
178			Gas Lines Leak Tested		
179			High Pressure Lines Secure		
180			Confined Space Checked for Toxic Gas		
181			Lockout Devices Used		
182			Training for Explosive Tools		
183			New Employees Warned of Hazards		
184			Safety Meetings Regularly Held		
185			Personal Protective Gear Used		
186			Life Belts & Lines in Use		
187			Barriers Provided for Excavations		
188			Explosive-Safe Storage		
189			Detonators-Properly Stored		
190			Flammables-Safe Storage		
191			Fire Extinguishers in Use		
192			Safe Stacking-Materials		
193			Warning Lights-Signs		
194			Condition of Hot Tar Pot Equipment		
195			Condition of Traffic Cones		
196			First Aid Supplies Available		
197			Snake Bite Kit Available		
198			Bee Sting Treatment Available		
199			Condition of Hand Tools		
200			Emergency Procedures Established		

MISCELLANEOUS ITEMS

No	★	OK	Item	Not OK	Notes
201			Sidewalks-Condition		
202			Stairways-Condition		
203			Ramps-Condition		
204			Hand Rails-Guard Rails		
205			Dust-Vapor Control		
206			Ammunition Storage		
207			Prisoner Lock Systems		
208			Tanks-Pit Entry Equipment		
209			Freezer Box-Alarms		
210			Storage-Poisons-Insecticides		
211			Fire Drills-Current Plans		
212			Underwater Safety Equipment Tested		
213			Fire Hydrants Tested		
214			Parking Lot Surfaces		
215			Vehicle Driver Training		
216			Pipe Line Identification		
217			Warning Signs-Barriers		
218			Safe Handling-Degreasing Chemicals		

ADDITIONAL COMMENTS

LABORATORIES—CHEMICAL HANDLING

No	★	OK	Item	Not OK	Notes
51			Safe Chemical Storage And Compatibility		
52			All Containers Identified		
53			Metal Drums Grounded as Needed		
54			Chemical Drip Pans in Use		
55			Approved Acid Pumps in Use		
56			Chemical Hoods-Adequate Face Velocity		
57			Approved Handling of Isotopes		
58			Approved Storing of Isotopes		
59			Toxic Gas Cylinders-Safe Storage		
60			Exotic Chemicals-Safe Storage		
61			Emergency Decontamination Procedure		
62			Chemical Disposal-Approved Method		
63			Emergency Safety Equip. Available		
64			Approved Safety Glasses in Use		
65			Condition of Hood Safety Shield		
66			High Pressure Systems-Safety		
67			Approved Ether Storage		
68			Safety Considered-All Experiments		
69			All Pressure Vessels Approved		
70			Chemical Storage-Ventilation		
71			Cryogenic-Handling-Storage		
72			Eye Wash & Emergency Shower		
73			Emergency Respirators Available		
74			Survey for Mercury		
75			Survey for Decomposed Chemicals		
76			Survey for Explosion Potentials		
77			Personal Protective Equip.		

MATERIAL HANDLING

78			Safety Hooks-in Use		
79			Elevators		
80			Hand Trucks		
81			Hydraulic Lifts		
82			Fork Lifts		
83			Cranes-Mechanical Condition		
84			Hoists-Mechanical Condition		
85			Safe Loading-Racks-Shelves		
86			Conveyors		
87			Condition of Slings		
88			Ladders-Good Condition		
89			Scaffolds-Good Condition		
90			Industrial Driver Training		
91			Truck Rail Docks-Condition		
92			Truck Warning Lights		
93			Platform Guard Rails		
94			Platform Toe Boards		
95			Safe Stacking Height		
96			Condition of Cables		
97			Condition of Ropes & Chains		
98			Proof Testing of Lifting Equip.		
99			Back Up Alarms		
100			Truck Brakes-Horn		
101			Truck Tire Inflation Cages in Use		

MACHINE GUARDING

102			Band Saw-Table Saw Guards in Use		
103			Jointers-Planers, Guarded		
104			Power Shears-Guarded		
105			Abrasive Wheels-Guarded to Code		
106			Grinding Wheels-Proper R.P.M.		
107			Punch Press Guards		
108			Automatic Compressor-Warnings Signs		
109			Couplings Guarded		
110			Safety Interlocks Working		

(continued on next page)

MACHINE GUARDING (continued)

No	★	OK	Item	Not OK	Notes
111			Hand Power Saws-Guarded		
112			Foot Pedals-Guarded		
113			Pulverizers-Guarded		
114			Welding-Cutting Equipment		
115			Hydraulic Presses		
116			Circular Metal Saws Guarded		
117			Swing Saws-Guarded		
118			Belts Guarded All Sides		
119			Gears Guarded All Sides		
120			Pulleys Guarded All Sides		
121			Chopping, Slicing, Grinding Machines Guarded		
122			2 Hand Controls Functioning		
123			Photo-Electric Guards		
124			Pull Back Guards		
125			Abrasive Wheels-Safe Storage		
126			Anti-Kick Back Guards		
127			Tool Rests Adjusted		
128			Spliters on Rip Saws		
129			Radial Arm Saws Guarded		

HOUSEKEEPING

130			Cleaning Chemical Storage		
131			Non-Slip Wax in Use		
132			Wet Floor Warning Signs		
133			Storage-Stacking of Material		
134			Employees Trained to Use Chemicals		
135			Outside Storage Areas Uncluttered		
136			Trash Storage Area		
137			Basements-Attics Uncluttered		
138			Broom Closets		
139			Poisons-Locked Up		
140			Scrap Materials-Safe Storage		
141			Slippery Floors Corrected		
142			Electric Floor Machines Grounded		

EMPLOYEE PERSONAL PROTECTION

143			Hard Hats		
144			Welding Hoods		
145			First Aid Supplies Adequate		
146			Leather Gloves		
147			Emergency Showers-Eye Wash		
148			Safety Nets		
149			Chemical Barrier Creams		
150			Heat Resistant Garments		
151			Air Supplied Breathing Equip.		
152			Foot Guards		
153			Chemical Resistant Clothing		
154			Safety Belts-Life Lines		
155			Fire Blankets		
156			Approved Chemical Respirators		
157			Approved Dust Respirators		
158			Chemical Goggles		
159			Life Jackets		
160			X-Ray Protection		
161			Laser Beam Protection		
162			Faceshields .040 Thick		
163			Approved Safety Glasses		
164			Approved Welding Arc Protection		
165			Chain Saw Guards		
166			Chain Saw Aprons		
167			Welders Leathers		
168			Leggings		
169			Auto Seat Belts Road Flares		
170			Noise Protection as Required		

NOTES AND FOLLOW-UP

STATE OF OREGON

OFFICE SAFETY INSPECTION LIST

AGENCY	LOCATION	DATE OF INSPECTION

SIGNATURE—RESPONSIBLE SUPERVISOR	INSPECTION REQUIRED
	☐ Weekly ☐ Monthly ☐ Quarterly

INSTRUCTIONS

- ★ CHECK ITEMS TO BE INSPECTED IN YOUR AREA — DISREGARD OTHERS.
- TAKE ACTION TO CORRECT OR WARN EMPLOYEES OF HAZARDS.
- CONTACT SAFETY CONSULTANTS TO DETERMINE ITEMS TO BE INSPECTED.
- SAFETY INSPECTION IS A MANAGEMENT RESPONSIBILITY.

FIRE PREVENTION

No.	★	OK	ITEM	Not OK	NOTES
1			Fire extinguisher properly located and installed		
2			Fire extinguisher has current inspection tag		
3			Fire extinguisher not blocked		
4			Fire hose condition		
5			Fire escapes clear		
6			Fire doors not blocked open		
7			Approved ash trays in use		
8			No smoking areas established as needed		
9			Exit lights working		
10			Flammable glues and liquids stored in metal cabinets		
11			Machines not overheated		
12			Sprinkler heads not blocked		
13			Excess paper and trash removed		

ELECTRICAL HAZARDS

No.	★	OK	ITEM	Not OK	NOTES
14			Machines and equipment grounded		
15			Extension cords — 3-wire type		
16			Extension cords — maximum 10 feet long		
17			Condition of power cords		
18			Condition of plugs and wall outlets		
19			Electrical switch panels clear		
20			Circuits not overloaded		
21			Approved use of coffee pots		
22			Coffee pots not used in grounded locations without 3-wire cord		
23			No wires under carpets		
24			Electric heaters grounded		
25			Approved use of electric heaters		

Page 19
FORM IPA 102

Form I.P. No. 102 From the Office of George J. Wolnez, State Safety & Fire Prevention Coordinator—Salem

EXITS—AISLES—FLOORS

No.	★	OK	ITEM	Not OK	NOTES
26			Aisles established and clear		
27			Holes — cracks in floors		
28			Tripping hazards removed		
29			Wires removed from aisles		
30			Entrance mats for wet weather		
31			Floors not slippery		
32			Carpets and rugs secure		

OFFICE EQUIPMENT—DUPLICATING MACHINES

No.	★	OK	ITEM	Not OK	NOTES
33			File cabinets secure		
34			File drawers kept closed		
35			Chairs—mechanical condition, springs, and casters		
36			Fans guarded; secure from falling		
37			Paper cutter blade spring functioning		
38			Paper shredders guarded		
39			Safe step stools in use		
40			Ventilation where required		
41			Ammonia tanks secure and vented		
42			Spirit duplicating liquid properly stored		
43			"No Smoking" near spirit duplicating machines		
44			Paper and material safely stacked		

BOOK CASES—SHELVES—CABINETS

No.	★	OK	ITEM	Not OK	NOTES
45			Shelves not overloaded		
46			Heavy storage shelves secure to wall		
47			Heavy storage files secure from tipping		
48			Sharp corners removed		
49			Safe storage on top of shelves		
50			Book cases secure from tipping		

STAIRWAYS—HALLS—RAMPS

No.	★	OK	ITEM	Not OK	NOTES
51			Handrails available — condition		
52			Stair tread condition		
53			Ramps have nonslip surface		
54			Stairways not cluttered with material		
55			Halls clear of equipment and supplies		
56			Guard rails — condition		

ADDITIONAL ITEMS

No.	★	OK	ITEM	Not OK	NOTES
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					

NOTES AND FOLLOW-UP

FORM 81489-105

OCCUPATIONAL INJURY REPORT

TO DISCOVER CAUSE AND PREVENT RECURRENCE

IMPORTANT

- Must be completed by supervision within 24 hours.
- Complete for all injuries--regardless of extent.
- Complete Workmen's Compensation Claim Form 801 only if injury involved doctors treatment or lost time.
- To provide data for the Oregon Safe Employment Act (O.S.H.A.) and your agency management.

ACTION

- ☐ FIRST AID CASE ONLY
- ☐ REQUIRED DOCTOR'S CARE
- ☐ HOSPITALIZED
- ☐ TIME LOSS _____ DAYS
- ☐ O.S.H.A. REPORTABLE
- ☐ NOT O.S.H.A. REPORTABLE
- ☐ NO INJURY—NEAR MISS ONLY
- ☐ A.N.S.I. REPORTABLE
- ☐ INJURY REQUIRED TRANSFER TO ANOTHER JOB

Name _____ Job Title _____

Date of Injury _____

Hour _____ A.M. P.M. Time Left Work _____ A.M. P.M.

Date First Reported to Supervisor _____ Name of Supervisor _____

Exact Location of Accident _____ NAME OF AGENCY OR ORGANIZATION _____

Name of Witnesses (Lost Time Cases Only)

Describe Accident (What was injured doing; what objects, machines or material were involved)

Regular Days Off _____ Working Shift _____ A.M. P.M. to A.M. P.M.

Employe's Signature _____ Date _____

BODY PART INJURED

- ☐ HEAD
- ☐ FACE
- ☐ EYE
- ☐ NECK
- ☐ BACK
- ☐ CHEST
- ☐ ARM
- ☐ HAND
- ☐ FINGER
- ☐ LEG
- ☐ KNEE
- ☐ ANKLE
- ☐ FOOT
- ☐ TOE
- ☐ OTHER _____

NATURE OF INJURY

- ☐ ABRASION
- ☐ LACERATION
- ☐ PUNCTURE
- ☐ BRUISE
- ☐ FRACTURE
- ☐ SPRAIN-STRAIN
- ☐ FOREIGN BODY
- ☐ BURN
- ☐ POISON OAK
- ☐ OTHER DERMATITIS
- ☐ HEAT INJURY
- ☐ COLD INJURY
- ☐ OCCUPATIONAL ILLNESS
- ☐ LOSS OF CONSCIOUSNESS
- ☐ OTHER _____

SUPERVISOR'S INVESTIGATION OF CAUSE

UNSAFE ACTS

- ☐ OPERATING WITHOUT AUTHORITY
- ☐ FAILURE TO WARN OTHERS
- ☐ OPERATING OR WORKING AT UNSAFE SPEED
- ☐ MAKING SAFETY DEVICES INOPERATIVE
- ☐ FAILURE TO SECURE OBJECTS
- ☐ USING UNSAFE EQUIPMENT OR EQUIPMENT UNSAFELY
- ☐ UNSAFE LOADING, MIXING, CARRYING
- ☐ TAKING UNSAFE POSITION OR POSTURE
- ☐ WORKING ON MOVING OR DANGEROUS EQUIPMENT
- ☐ DISTRACTING, TEASING OR STARTLING
- ☐ FAILURE TO USE PERSONAL PROTECTIVE DEVICES
- ☐ FAILURE TO OBSERVE SAFETY REGULATIONS
- ☐ LACK OF TRAINING OR KNOWLEDGE
- ☐ PREVENTATIVE VEHICLE ACCIDENT
- ☐ SLIPS AND FALLS
- ☐ OTHER _____

UNSAFE CONDITIONS

- ☐ IMPROPERLY GUARDED EQUIPMENT OR MACHINE
- ☐ DEFECTIVE TOOL OR EQUIPMENT
- ☐ POOR HOUSEKEEPING
- ☐ IMPROPER LIGHTING
- ☐ IMPROPER VENTILATION (Dust, Fumes, Etc.)
- ☐ UNSAFE DESIGN OR CONSTRUCTION
- ☐ SLIPPERY OR OTHER UNSAFE SURFACE
- ☐ INADEQUATE WARNING SYSTEMS
- ☐ HAZARDOUS STORAGE OR ARRANGEMENT
- ☐ HAZARDOUS DRESS OR APPAREL
- ☐ HAZARDOUS WORK PROCEDURES
- ☐ COMBATIVE PATIENT OR INJURY TO ARRESTING OFFICER, CORRECTION OFFICER, ETC.
- ☐ HAZARDOUS WEATHER OR ENVIRONMENT
- ☐ CONTACT WITH POISONOUS PLANTS, INSECTS, TOXIC CHEMICALS, SKIN IRRITANTS, BITES, ETC.
- ☐ INVESTIGATION REVEALS THAT ACCIDENT WAS BEYOND CONTROL OF INJURED EMPLOYE (Struck by uncontrolled vehicle, trapped by fire, trapped by land slide, etc.)
- ☐ OTHER _____

OVER

→ ☐ CHECK IF YOU BELIEVE THIS INJURY IS NOT OCCUPATIONAL (Report on W.C.B. Form 801, if you doubt validity)

• REASONS FOR UNSAFE ACT (Lack of knowledge—disregard for rules, etc.)

• REASONS FOR UNSAFE CONDITION (No funds—not aware of condition, etc.)

• WHAT PRACTICAL CORRECTIVE ACTION WILL BE TAKEN BY SUPERVISION TO PREVENT RECURRENCE

• SUPERVISOR'S SIGNATURE

• MANAGEMENT REVIEW SIGNATURE DATE

NOTICE

Report only those cases which require professional medical treatment on W.C.B. Form 801. This must be completed and delivered to S.A.I.F. within 5 days of the date you have knowledge of the injury.

☐ CHECK IF FORM 801 WAS COMPLETED.

ADDITIONAL NOTES

Form I.P.A. 103 From the Office of George J. Wolnez, State Safety and Fire Prevention Coordinator . . . . . Salem

SP*79661-105

ANNUAL ACCIDENT SUMMARY

FROM _____ TO _____
Month Day Year Month Day Year

	TOTALS	THIS YEAR	LAST YEAR
1	Man Hours Worked		
2	Number of Lost Workday Injuries		
3	Number of Working Days Lost		
4	Number of Fatalities		

NATIONAL STATISTICAL RATES

		THIS YEAR	LAST YEAR
5	O.S.H.A. Incidence Rate		
6	Frequency Rate		
7	Severity Rate *A.N.S.I.		
8	Chargeable Days Lost		

		THIS YEAR	LAST YEAR
9	Total Medical & Compensation Costs		

FORMULAS FOR NATIONAL RATES

$$\text{* FREQUENCY RATE} = \frac{\text{No. of Lost Time Injuries} \times 1{,}000{,}000}{\text{Total Man Hours Worked}}$$

$$\text{* SEVERITY RATE} = \frac{\text{No. of Days Lost} \times 1{,}000{,}000}{\text{Total Man Hours Worked}}$$

$$\text{OSHA INCIDENCE RATE} = \frac{\text{No. of Reportable Injuries} \times \text{Illnesses} \times 200{,}000}{\text{Total Man Hours Worked}}$$

NOTE

ONLY THOSE INJURIES DETERMINED TO BE OCCUPATIONAL SHOULD BE ENTERED IN COLUMNS 2 THROUGH 8 ABOVE. THE FACT THAT S.A.I.F. AND THE WORKMEN'S COMPENSATION BOARD ACCEPTS A CLAIM DOES NOT MEAN IT MEETS NATIONAL RECORDING CRITERIA

COLUMN 9 REFLECTS TOTAL COSTS AND INCLUDES ALL CASES REGARDLESS OF NATIONAL INJURY RECORDING STANDARDS. THIS COST AFFECTS HOW MUCH YOUR AGENCY WILL PAY FOR COMPENSATION INSURANCE IN THE FUTURE

STATE OF OREGON

ACCIDENT TREND CONTROL & STATISTICAL REPORT

AGENCY	MONTH	TOTAL MAN HOURS WORKED THIS MONT
LOCATION	MANAGEMENT REVIEW SIGNATURE	

BODY PART AND INJURY ANALYSIS

RECORD OCCUPATIONAL INJURIES ONLY	HEAD	FACE	EYE	NECK	BACK	CHEST	ARM	HAND	FINGER	LEG	KNEE	ANKLE	FOOT	TOE	OTHER	OTHER
ABRASION																
LACERATION																
PUNCTURE																
BRUISE																
FRACTURE																
SPRAIN-STRAIN																
FOREIGN BODY																
BURN																
POISON OAK																
OTHER DERMATITIS																
HEAT INJURY																
COLD INJURY																
OCCUPATIONAL ILLNESS																
LOSS OF CONSCIOUSNESS																
OTHER																
OTHER																
OTHER																
TOTALS																

Figure in bottom triangle indicates number of LOST TIME INJURIES only.

SUMMARY

TOTALS	THIS MONTH	LAST MONTH	YEAR TO DATE
NUMBER OF FIRST AID CASES			
NUMBER OF DOCTOR VISIT CASES			
NUMBER OF LOST WORK DAY CASES			
NUMBER OF DAYS LOST			
NUMBER OF INJURIES PER 100 EMPLOYES			
CLAIM COSTS			
TOTAL NO. OF VEHICLE ACCIDENTS*			
TOTAL NO. OF PREVENTABLE VEHICLE ACCIDENTS			

* Including non-injury ac

CAUSE ANALYSIS

LOST WORK DAY CASES INVOLVING UNSAFE ACTIONS OF EMPLOYEES

	THIS MONTH	LAST MONTH	YEAR TO DATE
OPERATING WITHOUT AUTHORITY— Using Tools or Equipment Without Permission Using Danger Tagged Equipment, Etc.			
FAILURE TO WARN OTHERS— Failure to Use Warning Signs, to Rope Off an Area, to Signal, Etc.			
OPERATING OR WORKING AT UNSAFE SPEED— Driving Vehicle Too Fast, Running Down Stairs, Throwing Material, Operating Equipment Too Fast, Etc.			
MAKING SAFETY DEVICES INOPERATIVE— Removing a Machine Guard, Removing a Safety Device or Disconnecting Same, Etc.			
FAILURE TO SECURE OBJECTS— Failure to Tie Down Objects Against Unexpected Movement, Etc.			
USING UNSAFE EQUIPMENT OR EQUIPMENT UNSAFELY— Using Defective Tools, Driving with Bad Brakes, Using the Wrong Tool for a Job, Etc.			
UNSAFE LOADING, MIXING, CARRYING— Overloading a Hoist, Mixing Wrong Chemicals, Carrying Objects That Are Too Heavy, Etc.			
TAKING UNSAFE POSITION OR POSTURE— Lifting Improperly, Standing Near Floor Opening, Standing on Unstable Load, Etc.			
WORKING ON MOVING OR DANGEROUS EQUIPMENT— Repairing Machinery with Exposed Running Gears, Repairing Vessels under Pressure, Jumping Off Moving Vehicle			
DISTRACTING, TEASING OR STARTLING— Engaging in Horseplay or Involved in Dangerous Practical Jokes, Etc.			
FAILURE TO USE PERSONAL PROTECTIVE DEVICES— Failure to Wear Eye Protection, Hard Hats, Gloves, Seat Belts or Other Safety Equipment, Etc.			
FAILURE TO OBSERVE SAFETY REGULATIONS— Disregard of Rules, Disregard for Authority, Failure to Observe Instructions, Etc.			
LACK OF TRAINING OR KNOWLEDGE— Injured Did Not Know of Danger, Failed to Receive Safety Instructions or Training, Etc.			
PREVENTATIVE VEHICLE ACCIDENT— Speeding, Reckless Driving, Disregarding Flagmen, Tailgating, Backing into Objects, Failure to Signal, Moving Violation, Etc.			
SLIPS AND FALLS			
OTHER			
OTHER			
OTHER			
OTHER			

CAUSE ANALYSIS

LOST WORK DAY CASES INVOLVING UNSAFE CONDITIONS/ENVIRONMENT

	THIS MONTH	LAST MONTH	YEAR TO DATE
IMPROPERLY GUARDED EQUIPMENT OR MACHINE			
DEFECTIVE TOOL OR EQUIPMENT			
POOR HOUSEKEEPING			
IMPROPER LIGHTING			
IMPROPER VENTILATION (Dust, Fumes, Etc.)			
UNSAFE DESIGN OR CONSTRUCTION			
SLIPPERY OR OTHER UNSAFE SURFACE			
INADEQUATE WARNING SYSTEMS			
HAZARDOUS STORAGE OR ARRANGEMENT			
HAZARDOUS DRESS OR APPAREL			
HAZARDOUS WORK PROCEDURES			
COMBATIVE PATIENT OR INJURY TO ARRESTING OFFICER/CORRECTION OFFICER, ETC.			
HAZARDOUS WEATHER OR ENVIRONMENT			
CONTACT WITH POISONOUS PLANTS, INSECTS, TOXIC CHEMICALS, SKIN IRRITANTS, BITES, ETC.			
INVESTIGATION REVEALS THAT ACCIDENT WAS BEYOND CONTROL OF INJURED EMPLOYE (STRUCK BY UNCONTROLLED VEHICLE, TRAPPED BY FIRE, TRAPPED BY LAND SLIDE, ETC.)			

UNSAFE CONDITION REPORT

AGENCY

*ITEM NO. 1 2 3 4 5 6 7 8 9 10

Item No.	Exact Location	Date Reported	Condition Description and Estimated Cost	Assigned Responsibility	Date Complete
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

*Circle each item number when corrective action is completed. Take action to prevent injury as long as the unsafe condition exists.

(over)

Item No.	Notes--Follow-up Dates and Progress Report
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

STATE OF OREGON WORKER'S AND EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR DISEASE

WCB EMPLOYER NO.

SAIF
State Accident Insurance Fund
SAIF Building
Salem, Oregon 97312

CLAIM NO. Page 27
SUBJECT DATE FORM 801
EMP. OCC.
CLASS
DEFAULT DATE
EMPLOYER'S ACCOUNT NO.

DO NOT WRITE IN THIS COLUMN

WORKER'S NOTICE TO EMPLOYER

1. FIRST NAME, MIDDLE INITIAL, LAST NAME
2. TELEPHONE
3. AGE
4. SEX
5. SOCIAL SECURITY NUMBER
6. STREET AND NUMBER
7. PLACE OF INJURY OR EXPOSURE TO DISEASE (STREET, CITY)
8. CITY STATE ZIP CODE
9. FULL NAME AND ADDRESS OF ATTENDING PHYSICIAN
10. COUNTY IN WHICH INJURY OCCURRED
11. ON EMPLOYER'S PREMISES? ☐ YES ☐ NO
12. HOSPITALIZED AS INPATIENT? ☐ YES ☐ NO
13. NAME AND ADDRESS OF HOSPITAL
14. NATURE OF INJURY OR DISEASE AND PART OF BODY AFFECTED ☐ LEFT ☐ RIGHT
15. HOW WERE YOU INJURED OR EXPOSED TO DISEASE?
16. NAMES OF WITNESSES
17. DATE AND HOUR OF INJURY OR EXPOSURE TO DISEASE AM PM
18. WORKER'S SIGNATURE
19. DATE SIGNED

EMPLOYER'S ACKNOWLEDGMENT OF NOTICE

20. EMPLOYER
21. ADDRESS ZIP CODE
22. TELEPHONE
23. DATE EMPLOYER FIRST KNEW OF INJURY
24. NATURE OF BUSINESS (MFG. SHOES, TRUCKING FOR HIRE, LOG HAULING, RETAIL GROCERY, ETC.)
25. ADDRESS OF EMPLOYER FACILITY WHERE INJURY OR EXPOSURE OCCURRED IF DIFFERENT FROM EMPLOYER'S MAILING ADDRESS
26. WORKER'S OCCUPATION
27. DEPARTMENT (SEE OSHA-#-100)
28. HOW LONG WITH PRESENT EMPLOYER?
29. NAMES OF OTHER WORKERS INJURED IN THIS ACCIDENT. (IF NONE, WRITE NONE)
30. SIGNATURE OF AUTHORIZED EMPLOYER REPRESENTATIVE
31. TITLE
32. DATE SIGNED

INSURER USE ONLY

33. CLAIM IS (A) ☐ ACCEPTED (B) ☐ DENIED (C) ☐ DEFERRED AS (D) ☐ DISABLING (E) ☐ NONDISABLING (F) ☐ OCCUPATIONAL DISEASE (G) ☐ INJURY

DATE ___ / / ___

SIGNATURE OF INSURER'S REPRESENTATIVE

INSURER USE ONLY

EMPLOYER - PLEASE ANSWER ALL QUESTIONS

34. IF THE ACCIDENT WAS CAUSED BY ANYONE BESIDES WORKER, GIVE NAME AND ADDRESS
35. WAS ACCIDENT CAUSED BY FAILURE OF A MACHINE OR PRODUCT? ☐ YES ☐ NO
36. WHAT WAS THE WORKER DOING WHEN INJURED? HOW DID THE ACCIDENT OCCUR? (GIVE DETAILS)
37. CHECK THE APPROPRIATE BOX(S) IF THE NONFATAL INJURY OR DIAGNOSED OCCUPATIONAL ILLNESS RESULTED IN:
    - (A) ☐ LOSS OF CONSCIOUSNESS
    - (B) ☐ RESTRICTION OF WORK OR MOTION
    - (C) ☐ TRANSFER TO ANOTHER JOB
    - (D) ☐ TERMINATION
38. NAMES AND ADDRESSES OF WITNESSES
39. WHAT MACHINE, SUBSTANCE, OR OBJECT WAS MOST CLOSELY CONNECTED WITH INJURY OR EXPOSURE?
40. IF MECHANICAL APPARATUS - WHAT PART OF IT?
41. WERE MECHANICAL GUARDS OR OTHER SAFEGUARDS PROVIDED? ☐ YES ☐ NO
42. DID WORKER RETURN TO HIS/HER NEXT SCHEDULED SHIFT AFTER THE ACCIDENT? ☐ YES ☐ NO
43. FATALITY? ☐ YES ☐ NO
44. TIME WORKER LEFT WORK DATE / / HOUR AM PM
45. DATE RETURNED TO WORK / /
46. HOW MANY DAYS PER WEEK DOES WORKER WORK? ☐ 3 OR LESS ☐ 4 ☐ 5 ☐ 6 ☐ 7
47. WORKING SHIFT FROM AM PM TO AM PM
48. NAME SCHEDULED DAYS OFF
49. DOES WORKER RECEIVE TIPS? ☐ YES ☐ NO AMOUNT REPORTED TO EMPLOYER PER WEEK $
50. IF FARM WORK WAS IT ☐ SEASONAL ☐ PERMANENT
51. WAGE (INCLUDING BOARD AND ROOM) $ ☐ HR. ☐ DAY ☐ WK. ☐ MO.
52. AVERAGE WAGE PER DAY IF PIECEWORK $
53. UNDER WHAT CLASS CODE OF YOUR POLICY WERE WORKER'S WAGES CARRIED?
54. IN WHICH STATE WAS WORKER HIRED?
55. IN WHICH STATE(S) WAS WORKER HIRED TO WORK?
56. DID INJURY HAPPEN DURING COURSE OF EMPLOYMENT? ☐ YES ☐ NO ☐ UNKNOWN
57. IS INJURED WORKER A CORPORATION OFFICER, PARTNER, SOLE PROPRIETOR? ☐ YES ☐ NO
58. IS EMPLOYER AN ☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐ OTHER
59. IF YOU DOUBT VALIDITY OF CLAIM STATE REASON
60. EMPLOYER'S SIGNATURE
61. DATE SIGNED / /

29

WORKER: COMPLETE LINES 1 THRU 19.
EMPLOYER: COMPLETE BALANCE OF THIS REPORT EXCEPT LINE 33.
YOU SEND PAGES 1 THRU 3, WITH CARBON INTACT TO COMPANY LISTED AT TOP.
YOU KEEP PAGE NO. 4.
GIVE PAGE NO. 5 TO THE WORKER.

("NOTE: COMPLETED SHADED ITEMS SATISFY OSHA FORM 101 RECORDKEEPING REQUIREMENTS").

W.C.B. FORM 801 REV. 7/74

RECORDKEEPING REQUIREMENTS Under the Occupational Safety and Health Act of 1970.

This booklet contains new recordkeeping forms which must be used to record work related injuries and illnesses which occur on or after January 1, 1975. It also contains current information about recordkeeping responsibilities under the Occupational Safety and Health Act of 1970. It replaces a booklet which was issued in 1971.

U.S. Department of Labor
Occupational Safety and Health Administration
Washington, D.C. 20212

LAB-441

Order from the U.S.Department of Labor, Bureau of Labor Statistics, Washington, D.C. 20212